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## REMUNERATION OF PRIVATE DUTY NURSING \*

By ELSIE BICKEL

Enid, Oklahoma.

We are always anxious to discuss the money-making side of private duty work, but seldom exercise ourselves about the remunerative side of the proposition. Remunerative is from the Latin, *munerare*, which means to give or to requite, to satisfy, to reimburse, or to pay for a consideration. In private duty work remuneration is to repay in service for a money consideration. It is what we propose to do for this money consideration, so you readily see that it is, after all, the serious side of the question, for our success or our failure will depend upon our remuneration.

I am satisfied that more complaints come from our patrons because we fail to reimburse them for the money we ask for service than for the lack of tact or quality, but it takes more service to satisfy than can be embodied in these. We must give in hard work an equivalent, at least, for the money consideration. This is discussing the remunerative proposition strictly from a point of monetary consideration. Therefore, when it comes to the consideration of remuneration, it goes without argument, that we must give services equal, or more than equal, to our pay, if we succeed in pleasing. The worst part of the proposition is that our services to be rendered are not to a board of equalizers to decide if we have rendered the amount equal to the pay, but the question is left entirely to the pay-master and even we ourselves have no voice in the matter.

So you see at a glance how absolutely necessary it will be for us to render a service that is good measure, rounded up and running over, service that we know to be more than a fair compensation in order to meet with our employers' approbation. If they are displeased, the doctor is generally displeased also, and we will have no further opportunity to give service to this family. These are cold facts that stare every nurse in the face the moment she steps into the house. We realize then and there that three elements must enter into our remuneration: first, quality; second, tact; and third, plenty of hard work. These are the three things that will convict or exonerate us.

I am glad that there are other considerations in private duty nurs-

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\* Read at the fourth annual convention of the Oklahoma State Association of Graduate Nurses, Tulsa, Oklahoma, October 24, 1912.

ing aside from the cold business proposition. The nurse's calling, like the doctor's and the minister's, is one of the high callings, and a service is to be rendered that no money consideration could equal, and the better classes and the more refined appreciate this.

There is no work so impassive that you cannot breathe a soul into it. And there is a soul in this work, a force that inspires and impels you, and when you tender your service of quality and skilled labor, you also send with it sympathy and a desire to comfort, and when the sick look into your eyes, and beyond your eyes, deep into your soul, they read there the reflection of an honest sympathetic heart that has come to them to render a service that is full of love and affection.

Go to your patients with love in your heart and you carry to them the divinest gift of God to man. Go to your patients with sympathy in your heart and you will present them with the richest of the human mind. Go to your patients with sincerity in your heart, and you take them the noblest virtue of true womanhood. Go to your patients with honesty in your heart and you will endow them with the noblest work of God.

Don't forget that more helpful than all wisdom or counsel is one draught of simple human pity and sympathy in time of sickness and distress. Your duty at the bedside is a beautiful thought for it implies the idea of responsibility, of immortality, of sympathy, and love.

These are a few of the remunerations that it is our duty to give to our patients, and when given the success of our work will not remain in doubt.

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Gonorrhœa and Syphilis added to list of reportable diseases. At the last meeting of the State Board of Health it was decided to place these diseases on the list of those to be reported by physicians to the local health boards and by the latter to the State Board of Health. Special regulation was made, however, that physicians need not report these cases by patients' names, but by office number or some other symbol. This is taken to be a step toward more active efforts to restrict the spread of these diseases by instituting restrictive measures for those affected. Ophthalmia neonatorum is to be reported by name together with other data.—From *Public Health* (Michigan).